MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		SERIAL NO. 10/598307		FILING DATE	
		APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1" AMENDMENT		AFTER 2" AMENDMENT			AS FILED		AFTER 1" AMENDMENT		AFTER 2" AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1	■	■			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	⬇	1	⬇	0	⬇	TOTAL IND.	0	⬇	0	⬇	0	⬇
TOTAL DEP.	12	⬅	11	⬅	0	⬅	TOTAL DEP.	0	⬅	0	⬅	0	⬅
TOTAL CLAIMS	13		12		0		TOTAL CLAIMS	0		0		0	